

INTERSECTION OF HEALTH AND HOMELESSNESS

JULY 2019 – JANUARY 2020 SURVEY RESULTS

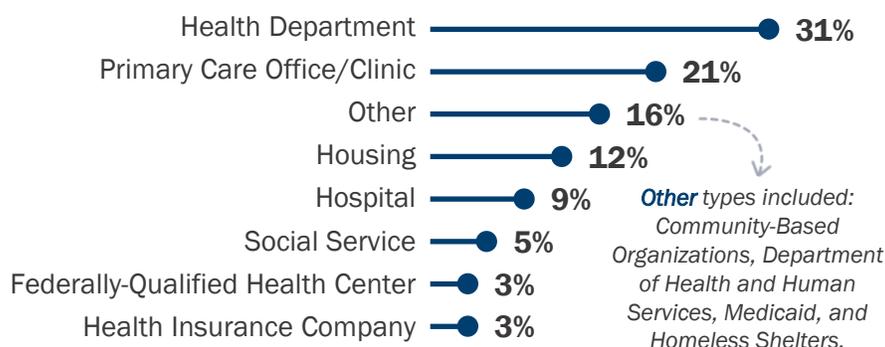


The Northern Michigan Community Health Innovation Region and the Northern Michigan Coalition to End Homelessness received funding from the Michigan Department of Health and Human Services to systematically address current barriers to ensure that individuals and families experiencing homelessness can be housed quickly and permanently. Grant activities took place between July 2019 and January 2020. As the evaluator for the project, the Center for Healthy Communities at the Michigan Public Health Institute designed a comprehensive partnership survey to study the intersection of Health and Homelessness in Northwest Michigan. Stakeholders from the health and homelessness sectors received a short survey in July on the healthcare and housing system before grant activities began, and in January after watching a short on-line video and participating in other grant activities. A total of 86 people received the survey, and 58 people took the pre-survey (67%) and 40 people took the post-survey (47%). Demographics reported are from pre-survey responses. This report details the organizational practices among Northwest Michigan practitioners in the Housing and Homelessness sector, and the changes, if any, participants experienced in this time. When appropriate, post-survey responses are shared to highlight change in practices.

WHO TOOK THE SURVEY?

58 respondents are represented in the following demographics, unless otherwise noted.

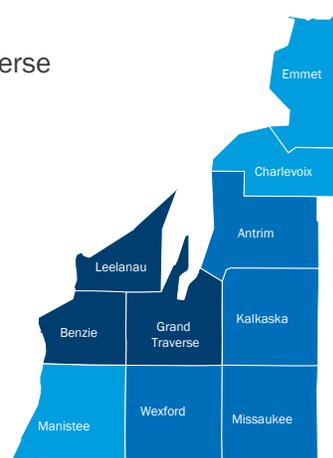
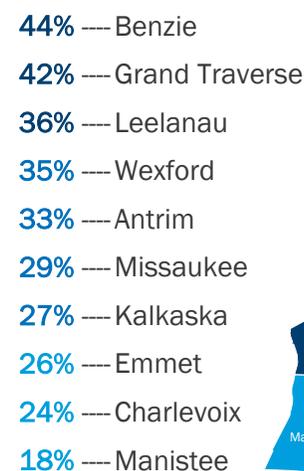
Respondents represented the following types of organizations:



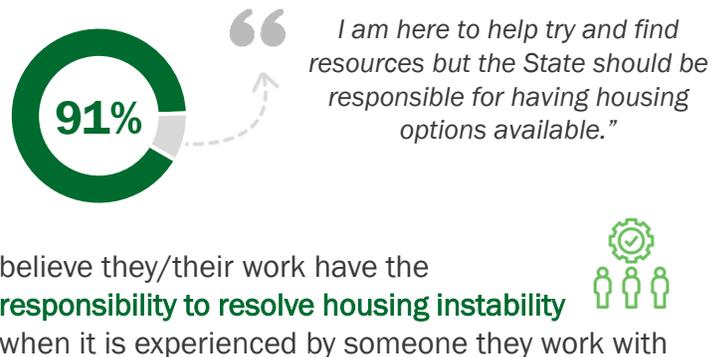
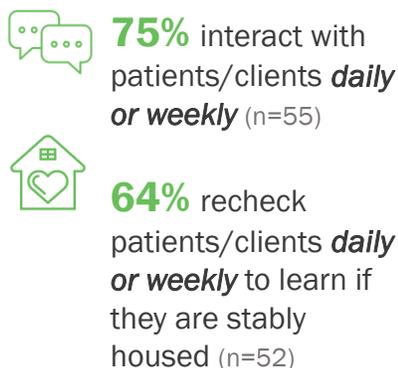
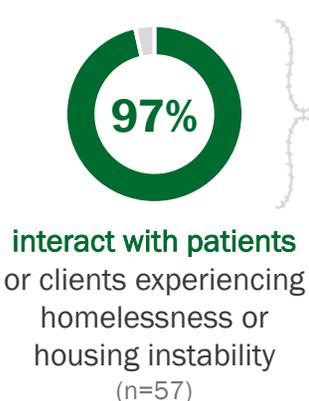
Roles of participants within these organizations included care provider (33%), manager (14%), executive (5%), and other roles (47%) such as administrative support, community health worker, complex care coordinator, housing navigator, and care manager.

Counties served by respondents:

'Select all that apply' question



Length of time in their field: **0-5 years -- 45%** 6-10 years -- 15% 11-15 years -- 12% 15+ years -- 28%



INTAKE, DISCHARGE, & REFERRAL SERVICES

BEFORE GRANT ACTIVITIES



23% have a common discharge plan in place for working with patients/clients experiencing homelessness (n=56)

Discharge Plans were described as:

- “Each exit plan is customized based on client needs and available services and resources.”
- “Northwest Michigan Community Action Agency provides housing case management until a homeless person is stable housed or self selects out.”
- “Warm transfers are completed when transferring clients.”
- “We have behavioral health specialists available to help secure services and also navigators to access insurance and other services. We work with Community Mental Health, etc.”



TOP 5 RESOURCES THAT ARE LACKING and would support their ability to provide better care to patients/clients experiencing homelessness or housing instability: (n=58, ‘select all that apply’)

- 66%** — Lack of agencies/services accepting new patients/clients
- 46%** — Lack of patient/client follow-up on referrals
- 44%** — Lack of support in working with difficult patient/client behavior
- 40%** — Lack of follow-up from referral organizations
- 38%** — Lack of knowledge about available services

AFTER GRANT ACTIVITIES



28% have a common discharge plan in place for working with patients/clients experiencing homelessness (n=40)

Discharge Plans were described as:

- “Coordinate with hospital staff to meet with the client directly to make sure that they have a plan in place upon discharge (shelter, transitional housing, etc.)”
- “HUB team referral - phone call, providing contact information for resources.”
- “Warm transfers prior to or upon being housed with partnering agencies.”
- “We work with the client until their needs are met. Adult Protective Services can be called.”



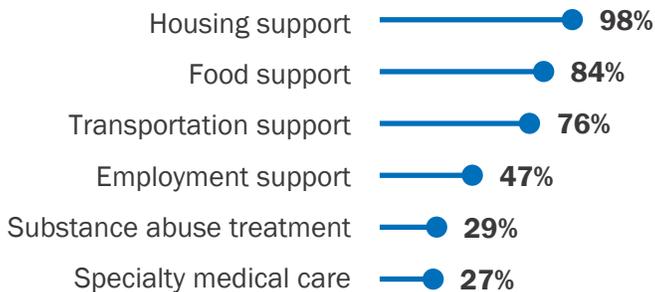
TOP 5 RESOURCES THAT ARE LACKING and would support their ability to provide better care to patients/clients experiencing homelessness or housing instability: (n=40, ‘select all that apply’)

- 65%** — Lack of agencies/services accepting new patients/clients
- 54%** — Lack of patient/client follow-up on referrals
- 43%** — Lack of support in working with difficult patient/client behavior
- 43%** — Lack of patient/client engagement
- 35%** — Lack of follow-up from referral organizations



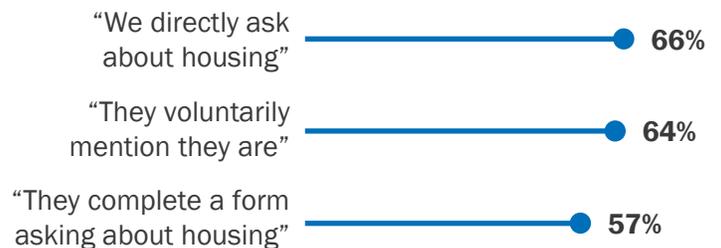
Types of services patient/clients are most frequently referred to:

(pre-survey; n=58; ‘select all that apply’)



TOP 3 WAYS respondents learn that a patient/client is experiencing homelessness or housing instability:

(pre-survey; n=58; ‘select all that apply’)



BEFORE GRANT ACTIVITIES

BARRIERS that make it difficult to provide care to those experiencing homelessness included:

The majority of respondents said **affordable housing** was the main barrier, particularly the limited number of low-income housing options available.

Other themes included:

- Limited housing resources, particularly in rural settings, and lack of knowledge about existing resources.
- Public transportation, specifically in rural settings.
- Shelters are limited, at capacity, or not available during day-time hours.
- Access to mental health care for individuals with substance use disorder or other behavioral health needs.
- Limited options for housing for individuals with mental illness, substance abuse, poor credit, or previous criminal charges.

STRENGTHS that help support providing care to those experiencing homelessness included:

- Strong partnerships between agencies serving this population.
- Professionals working with individuals facing homelessness have good knowledge of available resources.
- Collaborative efforts between agencies to help end homelessness in the area.
- Other services to assist individuals experiencing homelessness are available, including shelters, drop-in centers, community meals, food pantries, bus system, etc.

“ We have an awesome community will to help and support people experiencing homelessness. Agencies are available that can help them find and maintain housing and other issues that played a part in homelessness. ”

AFTER GRANT ACTIVITIES

BARRIERS that make it difficult to provide care to those experiencing homelessness included:

The majority of barriers reported after grant activities were similar to those reported before grant activities. Specific quotes included:

- “Lack of affordable and available housing.”
- “Credit score, criminal history, rental history, job history, transportation, income, outstanding bills, landlord references.”
- “Homeless shelters are often full and in some cases the client has used the shelter and is no longer welcome back. Lack of mental health support and patient unwillingness to follow through on mental health treatment. Lack of family support for the client. Unhealthy relationships with others leading to poor decision making or unsafe living situations.”
- “Limits in transportation support in the rural areas.”
- “Community Mental Health guidelines that prevent an individual from receiving services if their primary diagnosis is substance abuse. Difficulty visiting clients that are incarcerated.”
- “Transportation, difficulty connecting with DHHS person on phone, keeping updated with community resources.”

STRENGTHS that help support providing care to those experiencing homelessness included:

The majority of strengths reported after grant activities were similar to those reported before grant activities. Specific quotes included:

- “Knowing that the community (specifically the Community Health Innovation Region) is working to address these issues; provides hope.”
- “The Northwest Coalition to End Homelessness’ coordinate entry allows for appropriate referrals to permanent supportive housing providers, warm transfers upon transfer, and the recent collaboration work between Addiction Treatment Services and Community Health Innovation Region organizations.”
- “County Health Department Community Connections services.”
- “Northern Michigan community Action agency, churches, a group of professionals that meet and connect regularly about mutual clients to help solve some concerns that they may be facing.”
- “The process of our positive social determinants of health screenings being sent to the HUB at our Health Department and our patients being set up with a community health worker.”

LOCAL PARTNERS & ORGANIZATIONS

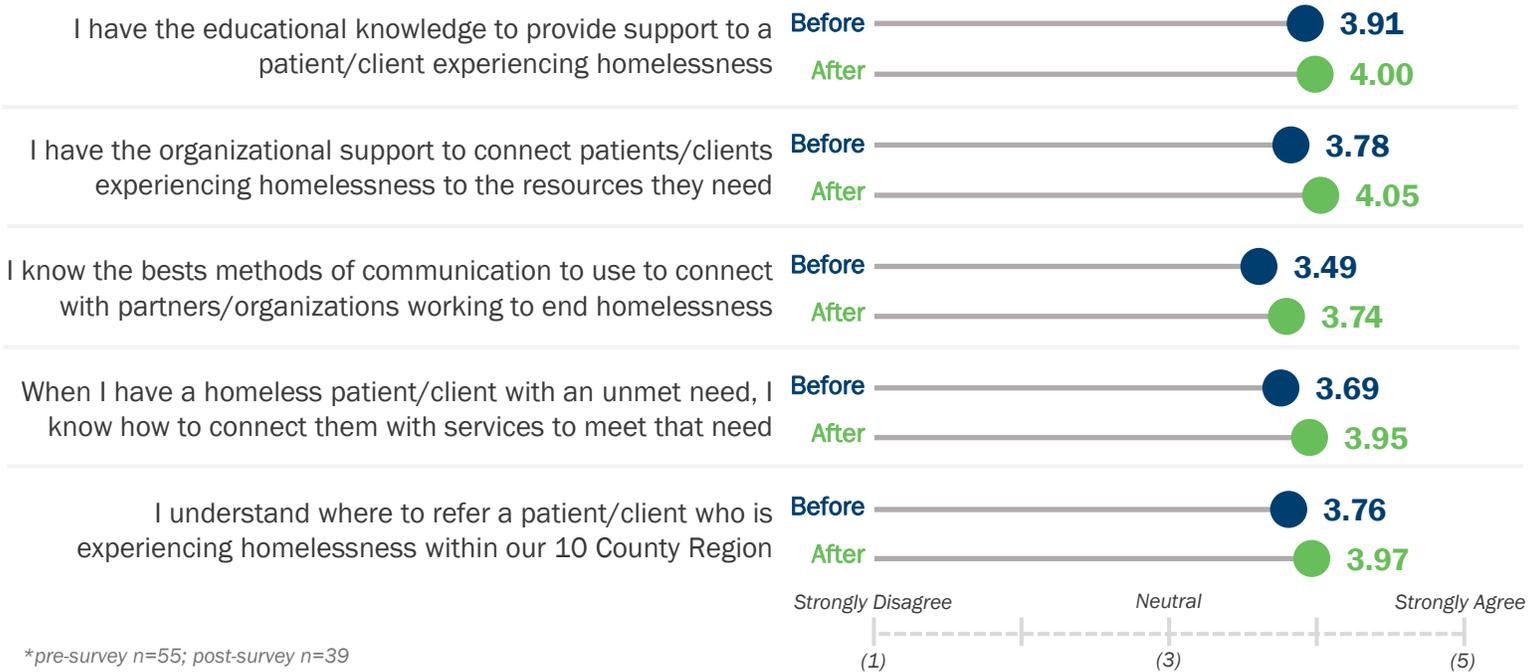
89% of survey participants said they work with local partners/organizations to address the needs of homeless patients/clients (pre-survey; n=55). Partners listed included:

- Adult Protective Services
- Area Churches
- Child Protective Services
- Community Connections
- Community Meals
- Community Mental Health
- Community Outreach Court
- Credit Unions
- Disability Network
- District Health Department #10
- Emergency Medical Services
- Empire Emergency Fund
- Employment Agencies
- Father Fred Foundation
- Local Food Pantries
- Generations Ahead
- Goodwill of Northern Michigan
- Green Acres
- Hospice
- Housing Assessment and Resource Agency
- Harbor Hall
- Housing Commission
- Housing Shelters
- Jubilee House
- Law Enforcement
- Low Income Housing
- Michigan Balance of State Continuum of Care
- Michigan Department of Health and Human Services
- Michigan Works
- Michigan Rehabilitation Services
- Munson Medical Center
- New Hope
- Northern Lakes Community Mental Health Authority
- Northwest Michigan Health Services Inc.
- Northwest Housing Authority
- Northwest Michigan Supportive Housing
- Northeast Michigan Community Service Agency
- Northwest Michigan Coalition to End Homelessness
- Northwest Michigan Community Action Agency
- OASIS Family Resource Center
- Safe Harbor
- Salvation Army
- St. Vincent De Paul
- Staircase Youth Services
- Street Outreach
- Tip of the Mitt Housing
- Third Level
- Traverse City Schools – Students in Transition Empowerment Program
- Traverse Health Clinic
- Tribal Housing
- Tru North
- United Way
- Veterans Affairs
- Vulnerable Adults Network
- Women’s Resource Center

Contact methods used most frequently to connect with partners/organizations that are providing support to patients/clients experiencing homelessness: (pre-survey; n=58; ‘select all that apply’)



BEFORE & AFTER GRANT ACTIVITIES: CHANGES IN KNOWLEDGE & SUPPORT

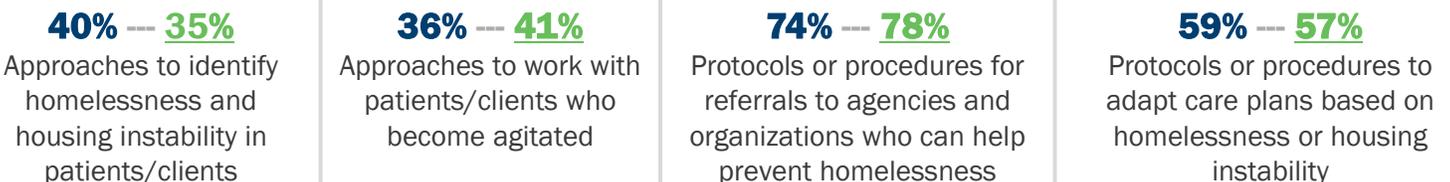


*pre-survey n=55; post-survey n=39



BEFORE & AFTER GRANT ACTIVITIES – ADDITIONAL INFORMATION REQUESTED

Respondents shared what additional information they thought would better help them serve patients/clients experiencing homelessness. The numbers represent the change in requests from before to after grant activities:

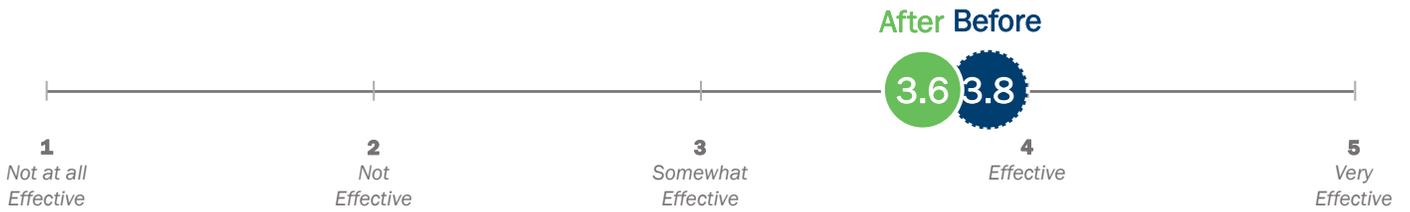


BEFORE & AFTER: EFFECTIVENESS & CONFIDENCE WORKING WITH HOMELESSNESS

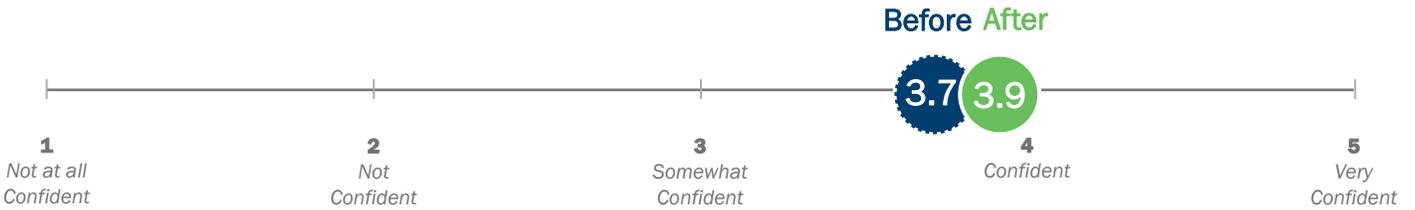
How EFFECTIVE do you believe your organization is at meeting the health care needs of homeless individuals? (pre-survey n=54; post-survey n=39)



How EFFECTIVE do you believe your organization is at connecting patient/clients experiencing homelessness to resources that can prevent or resolve homelessness? (pre-survey n=54; post-survey n=39)



How CONFIDENT do you personally feel when working with patient/clients you believe are experiencing homelessness? (pre-survey n=54; post-survey n=38)



KEY THEMES

The Homeless Response System Survey revealed some key insight into the intersection of health and homelessness in Northwest Michigan. Based on survey results from before and after grant activities took place, the following key themes showed up in the data:



Having a **common discharge plan** in place at their organization **increased** after the grant activities took place.

Respondents reporting having a plan increased from 23% to 28%.



Affordable housing is a **main barrier** to providing care to those experiencing homelessness.

Almost all respondents listed housing as a top barrier.



Respondents rated themselves as **more confident** when **working with patients/clients they believe are experiencing homelessness** after the grant activities took place.

Effectiveness (1 “not at all effective” to 5 “very effective”) increased from 3.7 to 3.9.

For more information about the survey results, please contact:



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